

**AGREEMENT COVERING REIMBURSABLE SERVICES
ROCKY MOUNTAIN REGIONAL CASU
COPIER PROGRAM
TASK ORDER NUMBER: RMRC-**

1. AGENCY REQUESTING REIMBURSABLE SERVICES:

Customer Number:

AGENCY:

2. AGENCY ADDRESS FOR DELIVERY OF SERVICES:

STREET:

ROOM #:

CITY:

STATE:

ZIP:

3. SERVICES REQUESTED:

RMRC COPIER PROGRAM

Amount*

*** Monthly Charge on Copier Order Form X 1.05 = Amount**

4. OPERATIONS MANAGER

Debbie Flores
Rocky Mountain Regional CASU
Building 41 Room 137, DFC
Denver, Co 80225-0305
Phone: 303-236-8106 / Fax: 303-236-0016
Email: fsimmons@den.fedsources.gov

5. AGENCY COORDINATOR FOR SERVICES REQUESTED:

NAME:

OFFICE:

ADDRESS:

ROOM:

LOCALE:

PHONE:

FAX:

EMAIL:

6. TOTAL FY ESTIMATED COST:

METHOD OF BILLING:

☐ **IPAC**

☐ **Credit Card**

7. BILLING POINT OF CONTACT:

NAME:

OFFICE:

ADDRESS:

ROOM:

LOCALE:

PHONE:

FAX:

Under our new billing system authorization can be given to allow access to the billing information on line. Please list the name, phone number, fax number, and e-mail for personnel in your agency that require access to billing information. If additional space is needed, attach separate page.

Name:	Name:
Phone #	Phone #
Fax #	Fax #
E-Mail	E-Mail

Customer Obligating Document # (if not attached):

Accounting Information(if not attached):

Military Interdepartmental Purchase Request (MIPR):

If payment is by credit Card: (M/C or V) Card#

EXP.

Credit Card Holder's Name and Phone#:

Card Holders E-mail Address:

This agreement shall become effective the date approved in block #8 and shall not extend beyond the end of the Federal Fiscal Year.
Rocky Mountain Regional CASU will generate renewals before the beginning of each Fiscal Year.

8. APPROVED BY:

(on file)

Debbie Flores

Operations Manager

Rocky Mtn. Regional CASU

Date:

9. ODERING AGENCY - ACCEPTED BY:

Signature:

Date:

Name:

Title: